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## Parish of Chalfont St Giles

### Activity risk assessment - including holidays and trips

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**Activity:**

**Date of first risk assessment:**

**Location:**

**Time/frequency:**

**Name of leader with responsibility:**

**Date to be reviewed:**

| <i>What are the hazards?</i> | <i>Who might be harmed and how?</i> | <i>What are you already doing?</i> | <i>Do you need to do anything else to manage this risk?</i> | <i>Action by whom?</i> | <i>Action by when?</i> | <i>Done</i> |
|------------------------------|-------------------------------------|------------------------------------|---|------------------------|------------------------|-------------|
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